

APPENDIX A  
COMPLAINT FORMAT

IN THE UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF ALABAMA  
MOBILE DIVISION

FILED JUL 11 12 PM 4:24 PM 2012  
CLERK'S OFFICE

(Name of Plaintiff)

Plaintiff

James E. Robinson

vs.

Civil Action No. 12-448-KD-C

(Name of Defendant(s))

Defendant

U.S. DEPARTMENT OF EDUCATION  
GC SERVICES - B. GENTRY

COMPLAINT

(Double space text of complaint)

U.S. DEPARTMENT OF EDUCATION

The student loan principal amount

1. STATED BY THE DEPARTMENT OF EDUCATION  
EXCEED THE AMOUNT STATED BY THE  
LENDER ON APPLICATION AND PROMISSORY  
NOTE DATED 26 AUG 87. ALSO THERE WKS LOANS  
2. THAT I HAD NO KNOWLEDGE.

(Grounds for jurisdiction)

(Show plaintiff's name(s) and residence or address)

James E. Robinson

1206 LOWER ST

BAYMINETTE, AL 36507-2758

3.

(Show defendant(s) name(s) and address(es))

U.S. DEPARTMENT OF EDUCATION  
PO BOX 105028  
ATLANTA, GA 30348-5028

B. GENTRY

GC SERVICES

PO BOX 27346

KNOXVILLE, TN 37927

**APPENDIX A (Cont'd)  
COMPLAINT FORMAT**

I HAVE BEEN IN CORRESPONDENCE WITH THE US DEPT OF ED FOR OVER TWENTY YEARS, ASKING WHY IS MY STUDENT LOAN PRINCIPAL LOAN DIFFERENT FROM THE ONE STATED BY THE LENDER ALSO THERE NO CREDIT FOR MONEY PAID NINETEEN YEARS AGO. STATUE 152  
(State briefly your legal claim or your reason for filing suit. Include the statute under which the suit is filed.)

5.

(Give a brief, concise statement of the specific facts involved in your case)

ON THE APPLICATION AND PROMISSORY NOTE THERE IS NO STATED LOAN AMOUNT. LOAN DATED 9/29/87 STATE THERE WAS A LOAN FOR 1053. STATEMENT DATED 9/28/87 STATES THERE WERE THREE LOANS  
(State the relief you are requesting.) 01/04/88, 0/04/88, AND 3/02/88 I WITHDREW FROM SCHOOL  
BEFORE CHRISTMAS 87. ITEMS ENCLOSED

I AM ASKING THE COURTS TO RETIRE MY SOCIAL SECURITY OF THIS GARNISHMENT UNTIL A DECISION IS MADE SETTING THIS DISPUTE, GIVE CREDIT FOR MONEY PAID. AND RECOUP THE INTEREST ON THE LOAN IF THERE IS ANY.

*James E. Rehman - 07-10-12*

(Signature and date), pro se

1206 LOWER ST. BAYONNE NJ  
(Address)

251-937 3394

(Phone Number)

James E. Robinson  
10 July 12

10F2

## APPENDIX A

#5

Item: A

Copy of Registration Form stating Spring Quarter and Date of entry.

Item: B

Transcript showing when I withdrew from the School.

Item: C

Application and Promissory Showing the amount I received \$1572, on promissory note dated April 87. The checks copies are attach.

Item: D

Second Application and Promissory Note. I was not of any loan amount on this loan until 1990. The bank sent a statement, stating I was given a loan in the amount of \$1053.

Checking with the school I was informed they had return in the amount \$524.00 statement enclosed with copy of check the school kept

Item E:

Copy of money bank state was issued to the school, dated 01/01/88, 01/04/88 and 03/02/88 I was not in the school at this time.

James E. Radwin  
10 July 12

2 of 2

## APPENDIX A

### ITEM: F.

COPY OF MONEY PAID TO THE IRS IN 1993  
I HAVE YET TO RECEIVE CREDIT FOR THIS  
AMOUNT

### ITEM: G

COPY SHOWING THE DEPARTMENT OF EDUCATION  
SHOWING THE \$524.00 RETURN. THIS SHOULD HAVE NOT  
BEEN \$1572. I HAVE NO PROMISSORY NOTE STATING  
I BORROWED \$1572.00 ON MY APPLICATION DATED APRIL 87.  
I AGREED WITH THE SCHOOL ON AMOUNT THEY KEPT  
BECAUSE THEY STATED I WAS THERE TWO WEEKS IN  
DECEMBER. SO THEY KEPT THE CHECK FOR THIS QUARTER.

### ITEM: H

IN 1996 USA GROUP SHOWS DISBURSEMENT OF  
FOUR CHECKS. THERE ARE STILL SAYING I OWE  
MORE BUT KNOW ONE CAN SHOW ME WHY

### ITEM: G

DEPARTMENT OF EDUCATION STATING I  
GRADUATED 8/31/88.

I WITHDRAWN FROM THE SCHOOL DEC 87  
WINTER QUARTER

### ITEM H.

SHOWING AMOUNT PAID TO LENDER NO CREDIT  
ITEM G SHOW AMOUNT OF PRINCIPAL LOAN ASKING.

**APPENDIX B**  
**CERTIFICATE OF SERVICE FORMAT**

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the foregoing CIVIL  
was mailed/delivered to US DEPT OF EDUCATION <sup>(Name of pleading)</sup>  
GC SERVICES at PO BOX 27346 <sup>(Address)</sup>  
(Name of defendant(s) or  
defendant's attorney)  
on July 10, 20 12.

*James E. Rehman*  
(Signature and date), pro se  
1206 Lower St  
Bayminette, AL 36507-2758  
(Address)  
251-937-3394  
(Phone Number)

**CARVER STATE TECHNICAL COLLEGE**

**ENROLLMENT STATUS** ✓  
 New \_\_\_\_\_  
 Continuing \_\_\_\_\_  
 Re-enrolling \_\_\_\_\_  
 Date Terminated \_\_\_\_\_  
 Change of Status \_\_\_\_\_  
 (See Remarks)  
 Transferring \_\_\_\_\_  
 (Official Transcript Required)  
 Other \_\_\_\_\_  
 (Specify)

414 Stanton Street  
 Mobile, Alabama 36617  
 Telephone: 478-1296 or 473-8692

**ENROLLMENT PERIOD** 82  
 19 \_\_\_\_\_  
 Fall \_\_\_\_\_  
 Winter \_\_\_\_\_  
 Spring ✓  
 Summer \_\_\_\_\_  
 Quarter Beginning / Ending Date 3/1/87 to 5/26/87

**STUDENT REGISTRATION AND ADMIT FORM**

Name JAMES E. ROBINSON Course Brick Masonry Student Number 42444-5030  
 Address 520 Holveston St City MOBILE AL State 36617 Zip   
 (Street, No. and Name) (City) (State) (Zip) (Soc. Sec. No.) Phone 479-3388

**ATTENDANCE SCHEDULE**

Day \_\_\_\_\_ Night ✓  
 Full \_\_\_\_\_ Half \_\_\_\_\_  
 Half \_\_\_\_\_ Term \_\_\_\_\_  
 3/4 \_\_\_\_\_ 2/3 \_\_\_\_\_  
 Other \_\_\_\_\_ (See Remarks)  
 (Specify)

**ADMISSION CREDENTIALS**

() Complete () Incomplete  
 Comments \_\_\_\_\_

**ENROLLMENT FORMS**

() Completed  
 Comments \_\_\_\_\_

**TRANSPORTATION**

() Private Auto  
 () Walk  
 () City Bus  
 Other \_\_\_\_\_  
 (Specify)

**REMARKS:****FINANCIAL OBLIGATIONS**

Tuition \$ 10.05  
 Application Fee 10.00  
 Student Insurance 3.00  
 Student ID Card 3.00  
 Late Fee \_\_\_\_\_  
 Locker Fee \_\_\_\_\_  
 Parking Fee \_\_\_\_\_  
 Other 10.05  
 Total \$ 33.05  
 Recd by MM  
 Date 3/16/87  
 Comments \_\_\_\_\_

**CLASS SCHEDULE**

Course No. WMC 300 Hours 3  
WMC 301 12  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FINANCIAL ASSISTANCE**

Pell Grant 1000-87  
 (Year)  
 Index 0 Award 200-25  
 Rehab. \_\_\_\_\_  
 (Counselor)  
 Veteran (Reg.) \_\_\_\_\_  
 Disabled Vet \_\_\_\_\_  
 Vet Dependent \_\_\_\_\_  
 JPTA \_\_\_\_\_  
 Scholarship \_\_\_\_\_  
 Other \_\_\_\_\_  
 (Specify)

**METHOD OF PAYMENT**

All Grant  
 Verified By John

**ENTRANCE REQUIREMENTS****BOOKS AND SUPPLIES**

() Requirements Met () Not Met  
 Comments \_\_\_\_\_  
 () To be supplied by \_\_\_\_\_

**TOOLS**

() Requirements Met () Not Met  
 Comments \_\_\_\_\_  
 () To be supplied by \_\_\_\_\_

APPROVED/VERIFIED BY \_\_\_\_\_

DATE \_\_\_\_\_

**CLASS ADMIT**

This form must be signed by all appropriate personnel and stamped each quarter before acceptance in the class. No student may be permitted in any class without an official CLASS ADMIT.

*Admitted*  
*3/9/87*  
*Edm*

**DISTRIBUTION:**

1. White Copy - Instructor
2. Green Copy - SPA Files
3. Canary Copy - Business Affairs
4. Pink Copy - Dean Of Instr.
5. Goldenrod Copy - Student

BISHOP STATE COMMUNITY CO  
351 N BROAD STREET  
MOBILE AL 36603

*DR. NEWBERRY* Rm. 106  
AS OF DATE: 02/10/2005

NAME: JAMES E ROBINSON  
ADM DATE: 02/17/1987

MAIL ADDR: 520 HELVESTON STREET  
MOBILE AL  
36617 (251) 479-3388  
BIRTHPLACE:  
SEX: MALE  
STU NUM: 424445030

BIRTH DATE: 07/05/1938  
HIGH SCHOOL:  
HS LOCATION:

PROGRAM: FIRST TERM:SP1987 LAST TERM:SP1988.  
OPTION:  
CLASS: ADVISOR: XX STAFF

<<< CUMULATIVE >>>				SCH	<< CREDIT HOUR >>						
<<< TRANSFER >>>	ATTEM	ERN'D	Q.P.	SCHED	ERN'D	HRS	ATTEM	ERN'D	Q.P.	QPA	
							41.000	34.000	34.000	92.000	2.706

PRO OPT TO CC DV T  
 SP1987 CA COURSE HI M GR ATTM ERND Q.P.  
 SAFETY/ORIEN/INTRO BMC300 A0 C 3.000 3.000 6.000  
 FUND PRACTICUM I BMC301 A0 B 4.000 4.000 12.000  
 TRM QPA: 2.571 TRM: 7.000 7.000 18.000  
 CUM QPA: 2.571 CUM: 7.000 7.000 18.000

PRO OPT TO CC DV T  
 SU1987 CA COURSE HI M GR ATTM ERND Q.P.  
 FUND PRACTICUM II BMC320 A1 B 4.000 4.000 12.000  
 RELATED MATH I RMA301 A3 A 3.000 3.000 12.000  
 TRM QPA: 3.429 TRM: 7.000 7.000 24.000  
 CUM QPA: 3.000 CUM: 14.000 14.000 42.000

PRO OPT TO CC DV T  
 FA1987 CA COURSE HI M GR ATTM ERND Q.P.  
 THEORY APPLICATION I BMC330 A1 B 3.000 3.000 9.000  
 BRICKLAYING PRACT I BMC331 A1 B 4.000 4.000 12.000  
 COMMUNICATION SKILLS RCS301 A1 B 3.000 3.000 9.000  
 TRM QPA: 3.000 TRM: 10.000 10.000 30.000  
 CUM QPA: 3.000 CUM: 24.000 24.000 72.000

PRO OPT TO CC DV T  
 WT1988 CA COURSE HI M GR ATTM ERND Q.P.  
 THEORY APPL. II BMC340 A1 C 3.000 3.000 6.000

=====

PRO OPT TO CC DV T

WT1988	CA	COURSE	H	I	M	GR	ATIM	ERND	Q.P.
BRICKLAYING PRACT II		BMC341	A1	C	4.000		4.000	8.000	
RELATED MATH I		RMA301	A3	C	3.000		3.000	6.000	
	TRM QPA:	2.000	TRM:	10.000	10.000		20.000		
	CUM QPA:	2.706	CUM:	34.000	34.000		92.000		

PRO OPT TO CC DV T

SP1988	CA	COURSE	H	I	M	GR	ATIM	ERND	Q.P.
THEORY APPLICATION I		BMC400	A	W	<	3.000>			
BLOCKLAYING PRACT I		BMC401	A	W	<	4.000>			
	TRM QPA:		TRM:						
	CUM QPA:	2.706	CUM:	34.000	34.000		92.000		

...END OF STUDENT TRANSCRIPT...

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines or imprisonment under the United States Criminal Code and 26 USC 1097.

SH-N-000000-01 D

**SECTION A TO BE COMPLETED BY STUDENT**

1. Social Security Number <b>424 -44-5030</b>	2. Last Name (Please Print) <b>ROBINSON</b>	First (No Nicknames) <b>JAMES</b>	M.I. <b>E.</b>		
3. Birthdate Mo. Day Yr. <b>07-10-51-38</b>	4. Permanent Home Address City <b>520 HELVESTON ST MOBILE</b>	Apt. No.			
5. Area Code/Phone No. for Item 4 <b>(205) 479-3388</b>	6. U.S. Citizenship Status 1 <input checked="" type="checkbox"/> Citizen or National 2 <input type="checkbox"/> Eligible Non-citizen Alien I.D. # _____	7. Your Dependents Number <b>4</b> Ages <b>10, 12, 16 AND 18</b>	8. Permanent Resident of State <b>AL</b> Mo. <b>07</b> Yr. <b>1981</b> Code Since <b>AL</b>		
10. Major Course of Study Code <b>017</b>	11. While in School, 1 <input type="checkbox"/> With Parents You Intend to Live (Check One) 2 <input type="checkbox"/> On Campus 3 <input checked="" type="checkbox"/> Off Campus	12. Prior to the academic year for which this loan is requested, have you ever been enrolled in any school beyond the high school level? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	9. Intended Enrollment Status 1 <input type="checkbox"/> Full-time 2 <input checked="" type="checkbox"/> Half-time 3 <input type="checkbox"/> Less than half-time		
14. Loan Period Mo. <b>03</b> Yr. <b>87</b> To Mo. <b>10</b> Yr. <b>90</b>	13. Requested Loan Amount <b>\$2,500 .00</b>				
15. Have you ever defaulted on an education loan? If yes, give details on a separate sheet of paper including what arrangements have been made, if any, to repay this debt. 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No					
16. Do you have any outstanding education loans? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No If no, complete 16A thru 16E with zeroes.	16A. Enter the total unpaid balance you owe on all your Guaranteed Student Loans. <b>\$10,000.00</b>	16B. For your most recent GSL, enter the beginning and ending dates of the loan period. Mo. <b>01</b> Yr. <b>87</b> To Mo. <b>01</b> Yr. <b>90</b>	16C. Indicate the grade level of your most recent GSL <b>1</b>	16D. Indicate the interest rate on your most recent GSL <b>%</b>	16E. Unpaid balance of your most recent GSL <b>\$10,000.00</b>
17. References—You must provide 2 separate references with different addresses (please print). Parent/Guardian plus Adult Relative	Street, City, State, Zip <b>BRADY ZRAZIER 54A Rosemont Dr SANDLAKE AL 36575 205-679-6036</b>	Area Code/Phone No. <b>CLAUDETTE SANDERS 1206 LOWER ST. BIRMINGHAM, AL 36507, 937-3384</b>	Employer <b>RETIRED</b>		
18. Name and Address of Lender Who will Process this Loan First Southern Federal Savings and Loan					

**Promissory Note for a Guaranteed Student Loan**

I, Promise To Pay I, the undersigned student borrower identified in Section I, Item 2, (and any cosigner signing with the student borrower) promise to pay to you or your order when this note becomes due as set forth in Paragraph II, the sum of

**TWO THOUSAND FIVE HUNDRED Dollars**

19A. Requested Loan Amount—Must be the Same as Item 13

**(\$2,500.00)** or such loan amount as is advanced to me and identified to me in the Notice of Loan Guarantee and Disclosure Statement, plus interest as set forth in Paragraph III, and any other charges which may become due as provided in Paragraph VI. If I fail to pay any of these amounts when they are due, I will pay all charges and other costs, including the fees of an outside attorney and court costs that are permitted by Federal law and regulations for the collection of this loan, which you incur in collecting this loan. (See Paragraphs II, III, VI on the other side.) My signature certifies that I have read, understood and agreed to the conditions and authorizations stated in the "Borrower Certification" printed on the reverse side.

I understand that this is a Promissory Note. I will not sign this Promissory Note before reading it including the writing on the reverse side, even if otherwise advised. As a student borrower, I am entitled to an exact copy of this Promissory Note, the Notice of Loan Guarantee and Disclosure Statement and any agreement I sign. By signing this Promissory Note I, the student borrower, acknowledge that I have received an exact copy hereof. I, the cosigner, have read and understand this Promissory Note and acknowledge that I may be responsible for payment in full of this obligation.

**James E. Robinson 3/10/87**  
Date

19B. Student Borrower Signature Date

19C. Cosigner (if any) Signature Date

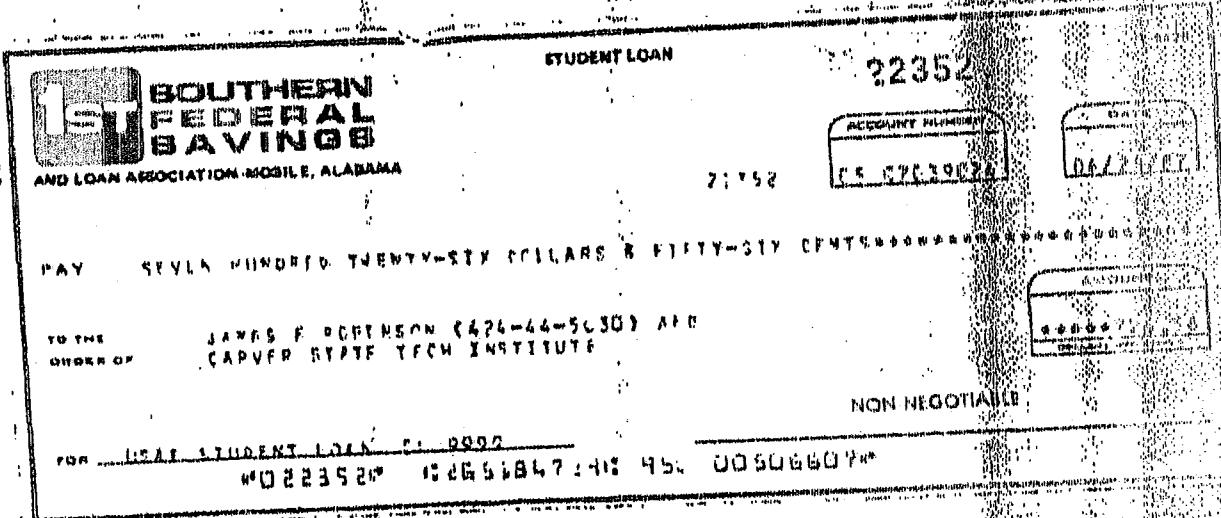
Cosigner street address, city, state, zip

**NOTICE TO STUDENT AND COSIGNER: Terms of the Promissory Note continue on the reverse side.**

20. Name of School <b>CARVER STATE TECHNICAL COLLEGE</b>	22. Loan Period (Mo./Day/Yr.) From <b>01/30/87</b> To <b>10/18/27/87</b>			
21. Address <b>414 Stanton Street</b>	23. Grade Level Code <b>1</b>	24. Anticipated Completion Date Mo. <b>01</b> Yr. <b>90</b>		
State <b>AL</b> Zip <b>36617</b>	25. School Code <b>005703</b>	26. Area Code/Phone No. <b>(205) 473-8692</b>	27A. Dependency Status 1 <input type="checkbox"/> Dependent 2 <input checked="" type="checkbox"/> Independent	27B. Adjusted Gross Income <b>\$ 5,760</b>
28. Estimated Total Cost of Education for Loan Period <b>\$ 3,340</b>	29A. Financial Aid for Loan Period <b>\$ 413</b>	29B. Expected Family Contribution <b>\$ 1,355</b>	30. Difference (Item 28 Less Items 29A and 29B) <b>\$ 1,572</b>	
32. My signature below certifies that I have read, and agreed to the "School Certification" on the reverse of the school copy.				
Signature of Authorized Financial Aid Administrator <b>Stacie J. Armstead</b>		Print or Type Name and Title <b>Stacie J. Armstead, Dean of Students</b> Date <b>4/1/87</b>		
<b>SECTION B TO BE COMPLETED BY LENDER</b>				
33. Name of Lending Institution <b>First Southern Federal Savings and Loan</b>	37. Loan Disbursement Date(s) Mo. <b>1</b> Day <b>1</b> Yr. <b>87</b>	38. Loan Amount(s) <b>\$</b>		
34. Address <b>P.O. Box 160924</b>	#1 <b>This application has been</b>	#2 <b>electronically transmitted</b>		
City <b>Mobile</b>	State <b>AL</b>	Zip <b>36616</b>	39. Total Amount Lender Approved Mo. <b>1</b> Yr. <b>87</b>	
35. Area Code/Phone No. <b>(800) 824-7044</b>	36. Lender Code <b>819319</b>	39A. Maturity Date Mo. <b>1</b> Yr. <b>87</b>	39B. Final Date Mo. <b>1</b> Yr. <b>87</b>	39C. Total Fee <b>\$</b>
40. Signature of Authorized Lending Official		Print or Type Name and Title <b>1/1/87</b>		

Detach copies A, B, and C from the booklet.

Check issued 1st Semester





**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines or imprisonment under the United States Criminal Code and 20 USC 1097-015.

SH N-000000-01-D

**SECTION I — TO BE COMPLETED BY THE STUDENT — READ THE INSTRUCTIONS — TYPE OR PRINT IN INK**

1A Social Security Number	2A Last Name, First, M.I., Permanent Home Address	2B Correct Item 2A in this space
424 44-5030	ROBINSON JAMES E. 520 HELVESTON ST. MOBILE, AL 36617	Name _____ Address _____ City, State, Zip _____
1B Correct Item 1A in this space.	5 Area Code/Phone No.	6 U.S. Citizenship Status (check one) Alien ID No.
5 July 38	State AL No. 3103726	<input checked="" type="checkbox"/> 1 Citizen <input type="checkbox"/> 2 Non-Citizen
7 References — You must provide separate adult references with different addresses (carefully read instructions).	Employer 205-937-3391 of BP	
Name See below Street, City, State, Zip SARALAND, AL Area Code/Phone No.		
A BRADY FRAZIER 548 Rosemont Dr 36205 205-675-6036 Retired		
B LAUREN SANDERS 1206 Lower St, Bay Minette AL 36507 205-442-1111 U.S. Postal System		
C FREDIE HALL 1958 W. Prichard Ln Prichard AL 36610-457-2319 STATE OF ALABAMA		
8 Intended Enrollment Status (check one)	Major Course of Study	10 Requested Loan Amount
<input type="checkbox"/> 1 Full-time <input checked="" type="checkbox"/> 2 At least half-time	205	11 Loan Period For Mo. Yr. Mo. Yr.
12 Have you ever defaulted on an Education Loan? (check one) If yes, carefully read instructions.	13 Do you have any unpaid student loans? (check one) If yes, carefully read instructions. If no, complete 13A through 13E with zeroes.	12 From 30587 To Aug 88
13A Total unpaid balance of your most recent GSL 1572.00	13B Grade level of your most recent GSL 8 %	13C Beginning and ending dates Mo. Yr. Mo. Yr. From MAR 87 To Aug 82
13E Total unpaid balance of all your GSL/SLS/ALAS/PLUS Loans or any portion of these loans included in your Consolidation Loan. 1572.00	14 Names and Address of Previous Lender, if any.	
15 1ST SOUTHERN 3054 Springhill Mobile, AL		

⑦ TELEPHONE #'S

- A. 205-675-6036
- B. 205-937-3391
- C. 205-457-2319

**Promissory Note for a Guaranteed Student Loan**

COSIGNER SIGNATURE		10A Signature of Student Borrower	Date
ADDRESS			

**SECTION II — TO BE COMPLETED BY THE SCHOOL**

20 Name and Address of School	21 School Code	22 Area Code/Phone No.	23A Grade Level Code	23B Correct Item 23A in this space.
	24A Anticipated Completion Date Mo. Yr.	24B Correct Item 24A in this space	25 Enrollment Period Covered by Loan	
			Mo. Day Yr. Mo. Day Yr.	

26 Family Adjusted Gross Income .00	27 Estimated Cost of Attendance For Loan Period .00	28 Estimated Financial Aid for Loan Period .00	29A Expected Family Contribution .00	30 Difference (27 minus the sum of 28 plus 29) .00
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31 Recommended Disbursement Date Mo. Day Yr.	32 I have read and understand the terms of the school certification printed on the back of the application.	Signature of Authorized Fin. Aid Director	29B Correct Item 29A in this space.	Type or Print Name and Title	Date
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**SECTION III — TO BE COMPLETED BY THE LENDER**

34 Name and Address of lending Institution.  LSC/ALTUS BANK A FEDERAL SAVINGS BANK P. O. BOX 1411 MERRIFIELD, VA 22116	35 Loan Amount Approved .00	36 Interest Rate %	37 Fee
38 Lender Code 831081	39 Anticipated Disbursement Date(s) Mo. Day Yr. Mo. Day Yr. Mo. Day Yr.		
40 Signature of Authorized Lending Official	41 Area Code/Phone No. 800-343-0222	42 For Lender Use Only	
Type or Print Name and Title		Date	

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## **ALLIED BANK**

LSCV 4034

APRIL 22, 1968  
TO ASSIST  
SCHOOL OF THE  
WORLD

FOUR HUNDRED EIGHTY-THREE FEET.

Digitized by srujanika@gmail.com

Digitized by srujanika@gmail.com

01/16/93  
ECC 7004 424-44-5030-1

JAMES B. ROBINSON  
520 WELVESTON ST.  
ROBESON COUNTY, N.C.  
R.R. 36617

For value received, I promise to pay to the order of the ALTUS BANK  
(the "Lender") at its address printed above, the principal sum of \$1,053.00  
in United States currency with daily simple interest thereon at the rate of 5% B.000 per annum in accordance with the repayment schedule set forth below. If I fail to  
pay any of those amounts when they are due, I will also pay all charges and other costs - including reasonable attorney fees - that are permitted by law and that are necessary for  
the collection of these amounts. I also agree to pay all amounts (including interest) outstanding on my student loans which are unpaid as of the date the repayment period begins or  
resumes. This document incorporates the repayment obligation(s) under original Promissory Note(s) pertaining to the loans listed below. I understand that my obligation is subject to  
the terms and conditions of such Promissory Note(s), each of which is still in effect in accordance with its terms. The last(s) on such Promissory Note(s) is/are:  
**THIS REPAYMENT OBLIGATION IS APPLICABLE**

LOANS TO WHICH THIS REPAYMENT OBLIGATION IS APPLICABLE					
LOAN DATE	LOAN AMOUNT	GUARANTOR	LOAN DATE	LOAN AMOUNT	GUARANTOR
09/29/87	\$12,053.00	USAP			

I understand that installments of principal may be deferred if I qualify for one of the deferral conditions listed on the Statements of Rights and Responsibilities printed on the reverse side of this form. I must provide proper documentation to the Lender to support any deferral status. I further agree to observe applicable regulations relating to the loan(s) and to inform the Lender promptly in writing of any changes occurring in my home address or changes affecting my eligibility for a deferral. I also will inform the Lender promptly in writing of any change in the address of any Endorser(s) on my Promissory Note(s). All payments and other correspondence are to be sent to the servicer named above. I hereby authorize the Lender to obtain enrollment and address information from any of the schools in which I am accepted for enrollment, am enrolled or was enrolled.

I understand that the acceptance by the Lender of any delinquent installment(s) shall not constitute a waiver of any of the rights of the Lender. Should there be a failure to make any installment payment hereunder when due, the unpaid balance shall become immediately due and payable at the option of the Lender.

I understand that consolidation or refinancing options may be available for GSLP and other educational loan programs. For further information, I should contact the servicer named above.

**PREPAYMENT:** If I pay off all or part of this obligation early, I will not have to pay a penalty.  
**LATE CHARGE:** If a payment is late by more than 10 days, I may be subject to a late charge of \$2.00 or 5% of the payment, whichever is less. I understand that my insurance premium during repayment, I should refer to my Promissory Note(s) for further information.

NO OF PAYMENTS	% DUE MONTHLY	NO OF PAYMENTS	% DUE MONTHLY	AMOUNT TO BE PAID
36	20.20	36	20.20	1,053.00
36	20.20	36	20.20	0.00
36	20.20	36	20.20	1,053.00
36	20.20	36	20.20	242.36
36	20.20	36	20.20	1,295.36

**DATE REPAYMENT PERIOD BEGINS OR RESUMES** 03/01/89  
All payments for the repayment period are due on the same day of each month as the last payment. If a payment is not made as arranged by the date it was due, making a payment of 111 if it was entitled to a grace period under applicable law, payments should have been made on or before the date indicated in the repayment schedule. The lender will adjust the repayment schedule and if estimated, may capitalize unpaid accrued interest.

**CAVEAT** (Continued)  
The information contained above is based on the assumption that, as of the date of this document, the information is due under the repayment schedules. All payments due prior to the date of this document have been made as scheduled. The Lender has no right to collect any amount due or unpaid from us on any portion of the universe, but such amount is payable to the United States, Secretary of Education. Any repayment obligation will be disregarded according to Federal Law (as of April 1, 1975) in 104(d) and Regulations (34 CFR 865 and 866, Appendix B) and regulations governing the Guaranteed Student Loan Program and the Consolidated Student Loan Program.

BEST COPY AVAILABLE  
AT TIME OF IMAGING

## UNITED STUDENT AID FUNDS

NOTICE OF LOAN GUARANTEE AND DISCLOSURE STATEMENT FOR A GUARANTEED STUDENT LOAN  
LENDER USE ONLY

Lending Institution Name and Address

ALTUS BANK/LSC/, A FEDERAL  
SAVINGS BANK  
PO BOX 1811  
MERRIFIELD VA 22116

RESERVE # 344 N-0000000000000000  
LOAN PERIOD 09/02/87 THRU 08/23/88  
LENGTH OF GRACE SIX FULL MONTHS  
GRADUATION DATE 01/89  
MATURITY DATE 08/01/89

092882

Lender Code 831081 Date Produced 09/25/87 Interest Rate 8.00 Date Guaranteed 09/24/87

School Name and Address	005703	Social Security Number	424-44-5030
CARVER STATE TECHNICAL COLLEGE 414 STANTON AVE MOBILE AL 36617		Borrower Name and Address	
		JAMES E ROBINSON 320 HELVESTON STREET MOBILE AL 36617	

Late Charges Information: If any required installment payment has not reached the lender within 10 days after its due date, the lender may, if permitted by law, bill you for a late charge at the maximum rate permitted. If a payment is late, you may be charged 6.00 % of the payment.

Total Indebtedness

Total amount owed this lender including this loan is \$ 2,254.00. This amount includes only the GSL, SLS, PLUS and Consolidation loans currently held by this lending institution. It does not include any amounts you may owe through other lending institutions. Nor does it include the amount you may owe through other loan programs. You may project your estimated monthly payments by looking up the repayment terms using the "Repayment Term Estimates" on the back of this form.

Disbursement Schedule	Estimated Disbursement Date	Loan Amount	Loan Guarantee Fee	Loan Origination Fee	Amount of Loan Check	Pre Paid Origination Fee
FIRST	0606 01/01/88	\$ 524.00	\$ 15.72	\$ 26.20	\$ 482.08	N/A
SECOND	0707 01/04/88	\$ 524.00	\$ 15.72	\$ 26.20	\$ 482.08	N/A
THIRD	0808 03/02/88	\$ 524.00	\$ 15.72	\$ 26.20	\$ 482.08	N/A
TOTAL		\$1,572.00	\$ 47.16	\$ 78.60	\$1,446.24	N/A

\*\*\* ELECTRONIC APPLICATION \*\*\*

IN ACCORDANCE WITH THE REQUIREMENTS OF FEDERAL LAW, THE ORIGINATION FEE FOR YOUR LOAN EQUALS 5.0% OF THE LOAN AMOUNT. BY CASHING YOUR STUDENT LOAN CHECK, YOU ARE AGREEING TO PAY THIS ORIGINATION FEE.

THE GUARANTEE FEE IS EQUAL TO 3.00 PERCENT ON THE LOAN AMOUNT OR \$ 60.00, WHICHEVER IS LESS.

IF YOU NEED ADDITIONAL FINANCIAL AID, YOU OR YOUR PARENTS MAY BE ELIGIBLE UNDER USA FUNDS® PLUS (PARENT) LOAN PROGRAM. FOR AN APPLICATION KIT CALL 800-LOAN-USA (NATIONWIDE).

199901604



Department of the Treasury  
Internal Revenue Service  
MEMPHIS, TN 37501

Date of this notice: APR. 11, 1994  
Taxpayer Identifying Number: 424-44-5030  
Form: 1040A Tax Period: DEC. 31, 1993

REBELLION

JAMES E. ROBINSON  
824 PRICHARD LN  
PRICHARD AL 36610-4310240

FOR ASSISTANCE FROM THE AGENCY THAT  
REFERRED YOUR DEBT TO US, YOU MAY  
WRITE TO:

U.S. DEPARTMENT OF EDUCATION  
C/O SUPERIOR CREDIT SERVICE, INC.  
2506 WILLOWBROOK PKWY, RM 299  
P.O. BOX 55378  
INDIANAPOLIS, IN 46205

OR CALL:

(800) 828-9286 LOCAL  
(800) 828-9286 INSTATE IN  
(800) 828-9286 NATIONWIDE

(IRS NUMBERS ARE LISTED BELOW)

#### OVERPAID TAX APPLIED TO PAST-DUE OBLIGATION

DE UF

WE HAVE APPLIED ALL OR PART OF YOUR REFUND TO FULLY OR PARTIALLY SATISFY A PAST-DUE OBLIGATION REFERRED TO US BY ANOTHER GOVERNMENT AGENCY. THIS ACTION IS REQUIRED BY SECTION 6402(C) OR (D) OF THE INTERNAL REVENUE CODE. FOR QUESTIONS ABOUT THE OBLIGATION, OR IF YOU BELIEVE THE AMOUNT IS IN ERROR, CONTACT THE AGENCY AT THE ADDRESS OR TELEPHONE NUMBER SHOWN IN THE UPPER RIGHT CORNER OF THIS NOTICE.

OBLIGOR'S SSN: 424-44-5030

#### TAX STATEMENT

REFUND ON INCOME TAX RETURN:.....	\$1,444.00
AMOUNT OF REFUND APPLIED TO THE AGENCY DEBT:.....	\$1,444.00

AMOUNT TO BE APPLIED TO OTHER OBLIGATIONS, REFUNDED, OR APPLIED TO YOUR ESTIMATED TAX:... (IF THERE IS AN AMOUNT TO BE REFUNDED BY IRS, INTEREST DUE YOU WILL BE ADDED.)	\$0.00
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FOR REFUND INFORMATION CALL:  
1-800-829-1040 ST. OF AL



*We Help Put America Through School*

T006805

October 4, 2006

Mr. James Robinson  
1206 Lower Street  
Bay Minette, AL 36507-2758

Hearing Decision  
Federal Family Education Loans  
Debt No(s): G199609017535301  
G199609017535402  
G199609017535503  
G199609017535604  
Account No.: 424-44-5030

Dear Mr. Robinson:

This is in response to your recent request for a hearing on your objection to offset your federal payments for a debt held by the U.S. Department of Education, Federal Student Aid.

Your objection(s) to offset:

- You state that you have repaid all or a portion of this debt.
- You believe you should not be held responsible for repaying the full amount of this debt because the school you attended should have issued a refund but failed to do so.

Evidence considered:

We reviewed the documents you provided and information in the Department's electronic records regarding your account.

We regret that you are dissatisfied with our previous responses; however, our position has not changed. Our records indicate that your loans were signed, approved, disbursed, and refunded as follows:

Amount Stated on Promissory Note (\$)	Amount Approved (\$)	Amount Disbursed (\$)	Amount Refunded by School (\$)	Amount Due (\$)
\$2,625.00	\$1,572.00	\$1,572.00	\$524.00	\$1,048.00
\$2,500.00	\$1,572.00	\$1,572.00	\$0.00	\$1,572.00

**USA Group Guarantee Services™**

*Strategic solutions for education™*

June 19, 1996

James E. Robinson  
1206 Lower St.  
Bayminette, AL 36507

RE:424-44-5030

Dear Mr. Robinson:

This letter is in response to your recent correspondence dated May 2, 1996. USA Services, Inc., welcomes the opportunity to be of assistance.

According to our records it has been determined that you obtained two educational loans guaranteed under the Federal Family Education Loan Program, formerly known as the Guaranteed Student Loan Program (GSLP), which were disbursed as follows.

Disbursement Dates

12/23/87  
9/29/87  
4/28/87  
5/29/87

Disbursement Amounts

\$524.00  
524.00  
524.00  
524.00

Please be advised that the loans you obtained totaled \$2625.00. However, your loans were disbursed with the interest capitalized and placed at the end of the loan in the amount of \$943.10 with interest accruing daily. Therefore, you are responsible for the balance of the loan disbursed.

Enclosed you will find a Statement of Purchased Account which will reflect all payments and how they were applied.

Post Claim Assistance Unit  
USA Group Services Inc.

Enclosure

VI/js/x

*Mailing Address:*

P.O. Box 6180, Indianapolis, IN 46206-6180  
317 849-6510 800 428-9250

*Corporate Address:*

11100 USA Parkway, Fishers, IN 46038-9213

*USA Group Guarantee Services™*  
*a USA Group company*



**U.S. DEPARTMENT OF EDUCATION  
OFFICE OF POSTSECONDARY EDUCATION  
50 UNITED NATIONS PLAZA - REGION IX  
SAN FRANCISCO, CA 94102-4987**

SAN FRANCISCO SERVICE CENTER

February 7, 2003

James Robinson  
1206 Lower Street  
Bay Minette, AL 36507

**RE: Unpaid Tuition Refund**  
G199609017535301  
G199609017535402  
G199609017535503  
G199609017535604

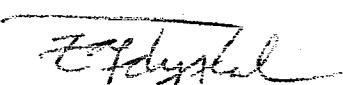
Dear Mr. Robinson:

This letter acknowledges receipt of your application for discharge of all or part of the Federal Family Education Loan(s) (FFEL), which you obtained to attend CARVER STATE TECH TRADE SCHOOL. You believe the school failed to pay a refund of unused tuition, which should have been applied to your loan account. After a thorough review of the loan records, we have denied your request for loan discharge for the following reason(s):

**Records indicate that you graduated 8-31-88. Therefore, you are not entitled to any unpaid tuition refund.**

This decision applies only to the FFEL held by ED, listed above, which was obtained to attend CARVER STATE TECH TRADE SCHOOL. The Department has made no determination regarding loans, which may be held by guaranty agencies, servicers, lenders, or educational institutions. If you believe that you may be eligible for discharge of other loans, you should contact the holder of those loans.

Sincerely,



Zaldy A. Ralleta  
Loan Analyst

June 4, 2003

James Robinson  
1206 Lower Street  
Bay Minette, AL 36507

RE: Unpaid Tuition Refund  
Discharge Denial

Dear Mr. Robinson:

This letter acknowledges receipt of your letter dated February 18, 2003, including a copy of the Loan Application/Promissory Note and a Student Registration and Admit Form from Carver State Technical College, disputing the denial of your loan discharge application due to unpaid tuition refund.

The Application/Promissory Note clearly indicates that the loan period covered was from 3-9-87 to 8-27-87. The school documentation certifies that your separation date was 5-2-88. Your school attendance exceeded the loan period, therefore you are not entitled to any unpaid tuition refund.

If you disagree with this decision you should contact the school and resolve the matter with them.

Sincerely,

Zaldy A. Ralleta  
Loan Analyst

DO NOT SEND CASH  
MAKE CHECKS PAYABLE TO  
U.S. DEPARTMENT OF EDUCATION  
SHOW YOUR SOCIAL SECURITY NUMBER  
ON YOUR CHECK

Case 1:12-cv-00448-RD-C Document 1 Filed 05/10/12 Page 21 of 22

**RETURN THIS PORTION WITH YOUR PAYMENT**  
NOTE NAME/ADDRESS/PHONE NO. CHANGES ON BACK

ACCOUNT NO.	PRINCIPAL BAL.	INTEREST
42040510/12	\$ 2850.01	
PENALTY CHARGES	FEES & COSTS	TOTAL BALANCE
\$ 1306.08	\$ 5.00	\$ 6,677.06
AMOUNT PAID:		

SEND PAYMENT TO:

Personal & Confidential



0425-3475

JAMES E ROBINSON  
1206 LOWER ST  
BAY MINETTE AL 36507-2758



\*\*\*\*\*

NATIONAL PAYMENT CENTER  
US DEPARTMENT OF EDUCATION  
P.O. BOX 105028  
ATLANTA, GA 30348-5028

4 324244450301 0000004950 00000587      4 324244450301 0007282010 06677062

DATE: July 23, 2010

This notice regarding your account with the U.S. Department of Education (ED) is from NCO Financial Systems, Inc. The U.S. Department of Education has placed your account with this agency for collection.

It appears that you are unable to pay the full balance of your debt to the creditor at this time. You may be eligible to apply for several programs, based on your financial situation and ability to pay. Some of these programs are listed below:

- COMpromise OFFER
- LOAN REHABILITATION
- LOAN CONSOLIDATION

Many of these programs can reinstate your Title IV eligibility, if you are approved; however, it is important that you respond so we may assist you in finding the right program. Please call the number provided below to speak to a representative about this situation:

NCO Financial Systems, Inc. 877-898-5004

Or you may write us at:

NCO FINANCIAL SYSTEMS, INC.  
PO BOX 4929  
TRENTON, NJ 08650-4929

Do not send payments to this address. All payments are to go to the U.S. DEPARTMENT OF EDUCATION, NATIONAL PAYMENT CENTER, P.O. BOX 105028, ATLANTA, GA 30348-5028. Be sure to include your Social Security Number on the face of the check or money order you send. Our office hours are Monday through Thursday 8am to 9pm, Friday 8am to 5pm, Saturday 8am to 12 noon. Calls to or from NCO Financial Systems, Inc. may be monitored or recorded for quality assurance.

This is an attempt to collect a debt. Any information obtained will be used for that purpose. This is a communication from a debt collector.

You may also make payment by credit card. Your registration code is 18.3138902.24889921.986.

Your account balance may be periodically increased due to the addition of accrued interest or other charges as provided in your agreement with the original creditor or as otherwise provided by federal law.

NCOP 401  
3475

NCO FINANCIAL SYSTEMS, INC.  
507 Prudential Road  
Horsham, PA 19044



DO NOT SEND CASH  
MAKE CHECKS PAYABLE TO:  
U.S. DEPARTMENT OF EDUCATION  
SHOW YOUR SOCIAL SECURITY NUMBER  
ON YOUR CHECK

## RETURN THIS PORTION WITH YOUR PAYMENT

NOTE NAME/ADDRESS/PHONE NO. CHANGES ON BACK

ACCOUNT NO.	PRINCIPAL BAL.	INTEREST
S424-44-5030		
PENALTY CHARGES	FEES & COSTS	TOTAL BALANCE
AMOUNT PAID:		



#BWNFDMC \*\*AUTO  
#42 5030N18 S44424 1#  
JAMES E ROBINSON  
1206 LOWER ST  
BAY MINETTE AL 36507-2758



SEND PAYMENT TO:

NATIONAL PAYMENT CENTER  
US DEPARTMENT OF EDUCATION  
PO BOX 4169  
GREENVILLE TX 75403-4169

9 324244450301 0000002518 00000569

9 324244450301 0008272007 05934393

KEEP THIS PORTION FOR YOUR RECORDS

## U.S. DEPARTMENT OF EDUCATION

DATE: AUGUST 27, 2007

### DEBT STATEMENT

THE U.S. DEPARTMENT OF EDUCATION (ED) HOLDS THE FOLLOWING DEFAULTED STUDENT LOAN(S) OR GRANT CLAIM(S) WHICH IT INTENDS TO COLLECT BY TREASURY OFFSET AGAINST ANY FEDERAL REFUND AND OTHER FEDERAL AND/OR STATE PAYMENTS YOU MAY BE ENTITLED TO RECEIVE IN THE FUTURE. PLEASE READ THE ENCLOSED NOTICE OF PROPOSED OFFSET FOR AN EXPLANATION OF YOUR RIGHTS AND THE MANNER IN WHICH YOU MUST EXERCISE THEM TO AVOID OFFSET. ED MAY HAVE ALREADY REFERRED FOR OFFSET SOME OF THE DEBTS LISTED ON THIS STATEMENT, AS EXPLAINED IN PRIOR NOTICES. ANY IN-PERSON HEARING WILL BE HELD IN SAN FRANCISCO (SEE ENCLOSED NOTICE).

ED RECORDS SHOW THE FOLLOWING INFORMATION ON THESE DEBTS. SEE THE ENCLOSED NOTICE FOR INSTRUCTIONS ON HOW TO REQUEST ADDITIONAL INFORMATION ED RECORDS MAY CONTAIN. INDIVIDUAL DEBT INFORMATION IS LISTED BELOW AND/OR ON THE FOLLOWING PAGE.

AMOUNT REPAYED TO LENDER/SCHOOL/GUARANTY AGENCY: \$1,466.01

DATE EARLIEST DEBT TRANSFERRED TO ED: 02/23/90

PAYMENTS TO ED (MAY INCLUDE FEES PAID BY DEBTOR  
AND PAYMENTS ON OTHER DEBTS): \$185.34

CURRENT PRINCIPAL: \$2,515.97 CURRENT ACCRUED INTEREST: \$2,264.91  
PRINCIPAL AND INTEREST ON DEBTS ELIGIBLE FOR OFFSET,  
BY DATE OF DEBT STATEMENT: \$4,780.88

ED WILL INCLUDE IN THE AMOUNT TO BE COLLECTED BY OFFSET INTEREST THAT ACCRUES ON THIS DEBT AS WELL AS ANY AMOUNT THAT IS REFUNDED AFTER THE DATE OF THIS NOTICE.

SEND ANY REQUESTS FOR: DOCUMENTS, A REVIEW OF OBJECTIONS, OR A HEARING, IN WRITING TO:

U.S. DEPARTMENT OF EDUCATION  
FEDERAL OFFSET UNIT  
P.O. BOX 5227  
GREENVILLE, TX 75403